



PRIVACY RELEASE FORM
Congressman Bob Menendez
New Jersey - 13th District

Dear Congressman Menendez:

I give you permission to investigate my difficulties with:

(name of federal agency or issue)

I understand that this form is being used in compliance with the Freedom of Information Act and/or the Privacy Act of 1974.

Signature: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Fax Number (if available): _____

Email Address (if available): _____

Social Security Number or Applicable Case Number: _____

Date of Birth: _____

Briefly explain the issue in which you are requesting my assistance (or attach letter):

Please return this form & all necessary supporting documents to: Congressman Bob Menendez

JERSEY CITY OFFICE

911 Bergen Avenue
Jersey City, NJ 07306
Fax: (201) 222-0188
Phone: (201) 222-2828

PERTH AMBOY OFFICE

263 Hobart Street
Perth Amboy, NJ 08861
Fax: (732) 324-7470
Phone: (732) 324-6212

BAYONNE OFFICE

654 Avenue C
Bayonne, NJ 07002
Fax: (201) 858-7139
Phone: (201) 823-2900

UNION CITY OFFICE

3109 Bergenline Ave (2nd Floor)
Union City, NJ 07087
Fax: (201) 617-1612
Phone: (201) 558-0800